



NOTICE OF DENIAL OF OCCUPATIONAL LICENSE APPLICATION

State Form 47368 (R2/3-08)

INDIANA GAMING COMMISSION

Applicant Identification

Last name

First name

Middle initial

Maiden name

Address (number and street)

City

State

Zip code

Telephone number

Date of birth (month, day, year)

Social Security Number (last four digits)

XXX-XX-_____

Reason for Denial

☐ Felony Conviction

☐ Age of Applicant

Indiana Code 4-3-8-3 provides that the Commission may not issue an occupational license to an individual unless the individual:

(1) is at least eighteen (18) years of age, and

(2) has not been convicted of a felony under Indiana law, the laws of any other state, or the laws of the United States.

Application date (month, day, year)

License level applied for

Position applied for

Felony conviction disclosed by applicant (if applicable)

Date of conviction
(month, day, year)

Sentence

Jurisdiction/Court of record

Notice of denial served on the applicant by personal service:

delivered to: _____

date: _____

time: _____

Felony waiver packet was provided to the applicant by personal service (if applicable):

delivered to: _____

date: _____

time: _____

Signature of the IGC agent delivering denial

Identification number

☐ Copy of this form must be forwarded to the Legal Division at the Indiana Gaming Commission

☐ Copy of this form must be provided to the casino Human Resources department